

Update X

<b>POTENTIAL HAZARDOUS WASTE SITE FINAL STRATEGY DETERMINATION</b>		REGION	SITE NUMBER		
File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency, Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.					
<b>I. SITE IDENTIFICATION</b>					
A. SITE NAME <b>CRYSTAL MANUFACTURING</b>		B. STREET <b>2731 W. LAKE ST</b>			
C. CITY <b>MELROSE PK.</b>		D. STATE <b>IL</b>	E. ZIP CODE		
<b>II. FINAL DETERMINATION</b>					
Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.					
RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED		X			
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE <i>(If yes, complete Section III.)</i>					
C. REMEDIAL ACTION <i>(If yes, complete Section IV.)</i>					
D. ENFORCEMENT ACTION <i>(If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)</i>					
E. RATIONALE FOR FINAL STRATEGY DETERMINATION <b>TWO DIFFERENT SITE INSPECTIONS HAVE BEEN MADE AND HAVE NOT FOUND ANY DEFINITE RCRA VIOLATIONS. THE MATERIALS AT THE SITE HAVE BEEN CLAIMED BY CRYSTAL TO BE EITHER RAW OR FINISHED PRODUCTS, NOT WASTES. ALSO, THERE IS A COMPLEX LEGAL PROBLEM AT THIS TIME AS TO WHO IS THE OWNER OF THE MATERIALS AT THE SITE. MOREOVER, THE MATERIALS AT THE SITE ARE REPORTED TO BE INTACT IN A CONTROLLED, SECURE ENVIRONMENT. HMRD HAS ALSO DROPPED THIS SITE.</b>					
F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.)		G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.)			
<b>H. PREPARER INFORMATION</b>					
1. NAME <b>RONALD D. KOVACH</b>		2. TELEPHONE NUMBER <b>(312) 886-6703</b>		3. DATE (mo., day, & yr.) <b>DEC-10-80</b>	
<b>III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE</b>					
List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.					
A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS			
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
D. TOTAL ESTIMATED COST		\$			

EPA Region 5 Records Ctr.



305174

## IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY ACTIONS (On Site and Off-Site): List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site and Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

## C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA		\$
b. STATE		\$
c. PRIVATE PARTIES		\$
d. OTHER (specify):		\$



POTENTIAL HAZARDOUS WASTE SITE  
FINAL STRATEGY DETERMINATION

REGION SITE NUMBER

5

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I. SITE IDENTIFICATION

A. SITE NAME  
*Crystall Mfg + Packaging*

B. STREET  
*2731 W. Lake Street*

C. CITY  
*Melrose Park*

D. STATE  
*Illinois*

E. ZIP CODE

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED	X	X			
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If yes, complete Section III.)					
C. REMEDIAL ACTION (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

*Inspection at site indicates that there are raw products on site rather than hazardous waste.*

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.)

G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME

*J. Lopez*

2. TELEPHONE NUMBER

*886-6714*

3. DATE (mo., day, & yr.)

*12/3/80*

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
D. TOTAL ESTIMATED COST	\$	

## IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY ACTIONS (On Site and Off-Site): List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

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				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site and Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
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				\$	
				\$	
				\$	
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a. EPA		\$
b. STATE		\$
c. PRIVATE PARTIES		\$
d. OTHER (specify):		\$